

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
■ Print your name and address on the reverse so that we can return the card to you.
■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CIS Financial Services, Inc.
P/K/a Cavalier Acceptance Corp
c/o Jerry F. Wilson, Jr.
Highway 41 North
P.O. Box 540
Addison, AL 35570

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

7004 1160 0004 4186 7098

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Shirley Barnett

☒ Agent

☐ Addressee

B. Received by (Printed Name)

Shirley Barnett

C. Date of Delivery

11-1-05

D. Is delivery address different from item 1? ☐ Yes

If so, enter delivery address below: ☐ No

St. James and CMP

2:05 CU 778-7

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

102595-02-M-1540